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ADDRESSING MULTIPLE MYELOME IN TURKEY: A NATIONWIDE SURVEY BY THE TURKISH HEMATOLOGY NETWORK GROUP HIGHLIGHTS OPPORTUNITIES AND CHALLENGES

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INTRODUCTION

Multiple myeloma (MM) is a complicated hematological malignancy characterized by rapidly evolving treatment options and diagnostic methods. This study aimed to explore the current practices, challenges, and unmet needs in diagnosing, treating, and managing MM in Turkey as part of the Turkish Hematology Network Group (THNG) nationwide survey.

AIM

This study aimed to explore the current practices, challenges, and unmet needs in diagnosing, treating, and managing MM in Turkey as part of the Turkish Hematology Network Group (THNG) nationwide survey.

METHOD

An extensive survey was conducted among adult hematology specialists and assistant physicians, focusing on MM diagnosis, treatment options, risk stratification, minimal residual disease (MRD) monitoring, and unmet needs in MM management.



RESULTS

Most multiple myeloma patients were treated at university hospitals. Almost all patients with multiple myeloma were referred to as being in doubt, with the remaining 9% being diagnosed. Bone marrow aspiration/biopsy was available for multiple myeloma diagnosis in all respondents, and other common methods included fluorescence in situ hybridization (FISH), flow cytometry, and conventional karyotyping. 61.8% of newly diagnosed patients were eligible for transplantation.

Bortezomib, cyclophosphamide and dexamethasone (VCD) was the most common primary care treatment for newly diagnosed multiple myeloma patients eligible for transplant, and bortezomib + dexamethasone (VD) was the most common treatment for those not eligible.

Daratumumab was the most used first-line treatment for multiple myeloma if approved, followed by carfilzomib, ixazomib, pomalidomide, elatuzumab, and selinexor.

Carfilzomib lenalidomide dexamethasone was the most used protocol for second-line therapy for lenalidomide-responsive patients, and daratumumab bortezomib dexamethasone was the most commonly used protocol for non-lenalidomide responders.

CONCLUSIONS

Most respondents would refer multiple myeloma patients for transplantation after 3-4 cycles of achieving response to first-line treatment.

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